# Needs Assessment Workgroup

**August 13, 2002 Minutes**
**1:00-3:00 PM**
**State Laboratory Institute/Auditorium**

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| Attendees: | Diane Capps, Phyllis Boucher, Janice Tellier, Nancy Pettinelli, Scott Mason, William Lorenzen, Jean Bennett, Kathleen Atkinson, Shepard Cohen, Epi Bodhi, Tina Ford, Joel Abrams, John Bilotas, David Bibo, Joseph Bowlds, Leslie Kirle, Todd Dresser, Chris Ditunno, Walter Murphy, Steven Ward, Brad Prenney, Kathleen MacVarish, Jane Fiore, Cindy Larson, Darrin Donato, Fred Rundlett (via conference call), Tracy LaPorte, Allison Hackbarth, Bob Morrison, Pejman Talebian, Bob Goldstein |
| Facilitator: | Jana Ferguson<br>Local Health Preparedness Coordinator |
| Support: | Bela T. Matyas, MD, MPH,<br>Medical Director, Epidemiology Program |

Jana Ferguson convened the meeting and welcomed the participants. Participants were asked to introduce themselves and indicate their affiliation. The Wampanoag Tribe Health Director, Fred Rundlett, participated via conference call.

Ms. Ferguson reviewed the three major bioterrorism-related federal programs with which Massachusetts is participating: 1) the CDC's Public Health Preparedness and Response for Bioterrorism Cooperative Agreement, 2) HRSA's Hospital Preparedness and Response for Bioterrorism Cooperative Agreement, and 3) the Office of Emergency Preparedness' MMRS contracts with the cities of Boston, Worcester, and Springfield.

The cooperative agreement with CDC contains 14 critical benchmarks for Massachusetts to achieve, and it addresses multiple focus areas (A-G), several of which require needs assessments to be completed. The cooperative agreement with HRSA requires a needs assessment as well. This needs assessment is currently ongoing; the Massachusetts Hospital Association (MHA) has already conducted a survey of Massachusetts hospitals addressing their preparedness for, and response to, a bioterrorism event. A survey addressing these issues for EMS and for community health centers and other healthcare sites is being developed. These needs assessments are expected to inform the bioterrorism planning process at the regional and local levels. The CDC and HRSA cooperative agreements will be placed on the MDPH's BT Advisory Committee website.

The workgroup participants reviewed and discussed the draft Mission Statement, Critical Capacity and Objectives for the workgroup. A question was raised regarding coordination of the Needs Assessment Workgroup with the other, focus area-specific workgroups with respect to input for the proposed statewide needs assessment. It was

noted that there is significant overlap in the membership of the various focus area-specific workgroups and this workgroup. Further, coordination will be facilitated through the BT Advisory Committee website and through regular meetings of the workgroup facilitators. It is expected that focus area-specific workgroup activities and products of the Needs Assessment Workgroup will be iterative. Nonetheless, clear guidance is needed on the role of this workgroup in relation to the roles of the other workgroups.

With respect to the statewide needs assessment called for by the CDC and HRSA cooperative agreements, the Needs Assessment Workgroup is charged with identifying an appropriate vendor to conduct the needs assessment and with providing sufficient guidance to the vendor to assure that the needs assessment addresses the critical capacities of the cooperative agreements. The Needs Assessment workgroup, therefore, will guide the RFQ (request for quotes) process for identifying a vendor; the chosen vendor will actually carry out the needs assessment.

It was indicated that the Needs Assessment Workgroup will likely break up into subgroups in order to efficiently carry out its many objectives and that these subgroups are anticipated to be created along focus group lines.

The workgroup discussed the draft project plan. It is important to get the RFQ for the needs assessment vendor out quickly so that the process can begin to move forward. A number of issues were discussed with respect to the RFQ, including: confidentiality, data aggregation (once the needs assessment is complete), collaboration and data sharing with neighboring states, and participation by potential applicants for the vendor RFQ in workgroup and subgroup discussions concerning specifics of the RFQ.

Shepard Cohen, of the Massachusetts Institute for Local Public Health, gave a short presentation on the status of the CDC's assessment tool for bioterrorism preparedness and response. Mr. Cohen is a participant on the CDC's assessment tool development and pilot testing project. He indicated that the assessment tool is currently composed of 73 questions addressing the critical capacities of the CDC bioterrorism cooperative agreement and is undergoing field testing. It is intended to be a capacity inventory for state and local public health agencies, and it may be a good starting point for development of the needs assessment tool by the vendor to be selected by our RFQ process. The CDC's tool will need to be supplemented by adding questions to address special populations (e.g. tribes) and facilities such as community health centers, but it provides a solid base to start from. There may also need to be some work on the tool to address differences between urban, suburban and rural communities. It is expected that pilot testing of the CDC's tool will be completed by sometime in September or October. The CDC anticipates that this tool will be incorporated in some way into our statewide needs assessment; this tool replaces the EPRI tool that the CDC had earlier put out in draft form.

The workgroup discussed the proposed timeline for the draft project plan. The RFQ process for selecting a vendor was chosen over the alternative RFP (request for

proposals) process in order to simplify and speed up the process of identifying a vendor. A vendor list has been solicited and received from the CDC. It identifies 12-15 vendors, who will be invited to join the Master Service Agreement (MSA) in order to receive the RFQ. We hope to receive 5-8 responses to the RFQ, and we hope to complete the process of identifying a vendor in the next 6-8 weeks. A respondent to the RFQ needs to be on the MSA; however, a respondent can be a group or coalition of entities (via subcontracts, for example). Applicants will be evaluated based on their expertise and their demonstrated ability to achieve the RFQ's stated goals; references will be critical.

Next Meeting: August 27, 2002, at 10:00 AM. Location: Massachusetts Emergency Management Agency Headquarters, Framingham, MA. 10:00 a.m. - 12:00 p.m.

Goal: to address Objectives 2 and 3 of the proposed project plan
Next Steps: we will divide into subgroups (by focus areas)